



242 State House  
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Indianapolis, Indiana 46204

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## Automated Clearing House (ACH) Debit / Credit Authorization Form

*(Authorization agreement for preauthorized payments)*

Participant Name: \_\_\_\_\_ Participant Account #: **IN-02-**\_\_\_\_\_

I hereby authorize TrustIndiana to initiate debit/credit entries to our account(s).

Depository Bank Name: \_\_\_\_\_ ☐ Checking ☐ Savings  
*(Check one box)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Depository Account Number #1: \_\_\_\_\_

Depository Account Number #2: \_\_\_\_\_

Depository Account Number #3: \_\_\_\_\_

This authorization is to remain in full force and until TrustIndiana has received written notification from me of its termination in such time and in such manner as to afford TrustIndiana and Depository a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_

Authorized Signatory: X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(Sign here)*

NOTE: All written debit/credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

**Please fax this form to TrustIndiana Client Services at 800-765-7600.**